

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0001

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

Title XIX

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 16, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

+2 CFR 447.250 through 295

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 2.29million

b. FFY 2001 \$ 13.72 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19A

Page I-262.4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New Page

\*\*\* SEE REMARKS

10. SUBJECT OF AMENDMENT:

Supplemental Charity Care Fund

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Exempt pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michele K. Gohl

14. TITLE:

Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance  
and Health Services

P.O. Box 712

Trenton, NJ 08625-0712

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 28 2000

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/16/00

21. TYPED NAME:

Sue Kelly

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

As per State letter of 05/17/01 the previously submitted page has been revised and renumbered and therefore now approved as follows: Attachment 4.19-A page I-262.6



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Reimbursement for Instate Acute Care Inpatient Hospital Services  
Disproportionate Share Hospital Adjustment**

**3a. Health Care Subsidy Funds – Supplemental Charity Care Fund**

- a) Hospital-specific supplemental charity care payments shall be determined by the Department of Health and Senior Services (DHSS), by allocating additional funds to hospitals that exceed a certain threshold level of charity care services to patients.
- i. A hospital shall be eligible to receive funding from the Supplemental Charity Care Fund only if its charity care subsidy as calculated under P.L. 1997, c. 263 for state fiscal year 2000 is less than 50 percent of the hospital's audited documented charity care for calendar year 1999, valued at the Medicaid rate less 1 percent of the hospital's total annual revenue for calendar year 1998.
- ii. The reimbursement methodology to allocate supplemental charity care funds to each eligible hospital is as follows: 50 percent of the hospital's calendar year 1999 audited documented charity care valued at the Medicaid rate, minus 1 percent of the hospital's calendar year 1998 total revenues.
- iii. In addition to the methodology described in ii. above, each hospital shall receive at least \$.30 per dollar of charity care provided based on calendar year 1999 audited documented charity care.

The total amount of the Supplemental Charity Care Fund for State fiscal year 2001 shall not exceed 20 percent of the excess of the calendar year 1999 audited documented charity care, valued at the Medicaid rate, over the actual charity care payments in State fiscal year 2000, pursuant to P.L.1997, c.263.

00-18-MA(NJ)

New Page

TN 00-18 Approval Date JUN 06 2001  
Superseded by TN New Effective Date AUG 16 2000